



MET FACULTY OF PHARMACY

(Consistent Member of MET Group of Institutions)

Address: 45, Main Road, Technopolis, Chennai

Doc No: MET/Ph/2024/Reg/001
Date: 15.05.2024

To: **Dr. Arun Kumar**,
Principal,
Dr. Arun Kumar,
Principal,
MET,
Chennai.
From: **Dr. Arun Kumar**,
Principal,
MET,
Chennai.

Subject: **MOA of Agreement on Research Study**

Dear Sir,

I am pleased to inform you that the MOA of Agreement on Research Study has been signed by both the parties. The MOA is attached to this letter for your reference. The MOA is valid for a period of one year from the date of signing.

I am enclosing the MOA of Agreement on Research Study for your reference. The MOA is valid for a period of one year from the date of signing.

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Yours faithfully,
Dr. Arun Kumar


Dr. Arun Kumar
Principal

Page No:
Date:
Time:
Place: